



Maine Revenue Services  
Gasoline Distributor  
Annual Shrinkage Allowance Computation

0312200

Registration No.	Period Begin	Period End	Due Date

1. Entity Information

**Use this area only to report changes in your business**

2. **OUT OF BUSINESS?** Check here ☐, return permit to Bureau and complete information at right. Date closed \_\_\_\_\_
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check off type of change below:
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse)
- ☐ Sold to \_\_\_\_\_
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

**Schedules A and B on reverse side must be completed.**

Total Receipts - Box "A" from Sch. A	1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x .005	1a.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Transfers - Box "D" from Sch. B	2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x .005	2a.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Shrinkage per Receipts and Transfers							Total lines 1a + 2a	3.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Maximum Shrinkage Allowance							Line 1 x .01	4.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Allowable Shrinkage							Enter lesser of line 3 or line 4	5.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Actual Net Shrinkage - Box "B" minus Box "C" from Sch. A							Cannot be less than zero	6.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Unaccounted Fuel							Line 6 minus Line 5	7.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>If line 7 is zero or less than zero, enter zero, sign the return and mail to Maine Revenue Service.</b>													
Additional Excise Tax Due							Line 7 x \$ .246	8.	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Mail To:  
Maine Revenue Service  
P.O. Box 1064  
Augusta, ME 04332-1064

\_\_\_\_\_  
Signature Title Date Phone #

<input type="text"/> <input type="text"/>
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### Sch. A - Receipts

Sch. A - Receipts	Beginning Inventory	Receipts	Total Available Gallons	Ending Inventory	Total Accountable Gallons	Total Gallons Sold/Used	Gain/ (Shrinkage)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	(Col 1 plus Col 2)				(Col 3 minus Col 4)		(Col 6 minus Col 5)
Jan							
Feb							
Mar							
Apr							
May							
June							
July							
Aug							
Sept							
Oct							
Nov							
Dec							
Totals	(A)				(B)		(C)

To Line 1 on front

If Box "C" is greater than or equal to Box "B", there is no shrinkage allowance to compute. Bring zero forward to line 6 on reverse side.

If Box "B" is greater than Box "C", subtract Box "C" from Box "B" and enter that amount on line 6 on reverse side.

### Sch B - Transfers

<b>Sch B - Transfers</b>	Vessels	Tank Cars	Full Tank Truck	Total Transfers
(Gallons)	(1)	(2)	(3)	(4)
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				
			(D)	To Line 2 on front